

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012293

State File No. ....

APR 20 1959

REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION B. County Hospital		e. STREET ADDRESS (If rural, give location) 400 North 8th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Frances c. (Last) Goslin		4. DATE OF DEATH (Month) (Day) (Year) 4 10 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 5-18-1869
9. AGE (In years last birthday) 89		10. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retail	
11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jewell Goslin		13b. MOTHER'S MAIDEN NAME Laura Shipley	
14. NAME OF HUSBAND OR WIFE dec. John R. Goslin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. 491-12-8251		17. INFORMANT'S SIGNATURE OR NAME Earl Goslin, Columbia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriolar nephrosclerosis DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured right hip	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446.XF	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4 apr, 1959, to 10 Apr, 1959, that I last saw the deceased alive on 9 apr, 1959, and that death occurred at 12:15 P., from the causes and on the date stated above.	
23a. SIGNATURE Elsie P. Rodgers, M. D. O.		23b. ADDRESS 202 South Tenth	
23c. DATE SIGNED 11/21/59		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4/12/1959		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery, Columbia, Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lyman Sprinkle Columbia, Mo.	
DATE REC'D BY LOCAL REG. APR. 12 1959		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS 117111

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Signature of Licensed Embalmer

Licensed Embalmer No. 442

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.